DOCUMENT RESUME

ED 358 388 CG 024 878

AUTHOR Wagener, Judy; Nehls-Lowe, Barbara
TITLE Wisconsin Youth Risk Behavior and HIV/AIDS Prevention Education: Survey Results, 1991. Bulletin No. 93253.
INSTITUTION Wisconsin State Dept. of Public Instruction, Madison.
PUB DATE 92
NOTE 37p.
AVAILABLE FROM Bureau for Pupil Services, Wisconsin Dept. of Public Instruction, P.O. Box 7841, Madison, WI 53707-7841.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Alcohol Abuse; At Risk Persons; Drinking; Drug Abuse; High Schools; *High School Students; Injuries; Nutrition; Physical Activities; *Risk; Sexuality; Smoking; *Student Attitudes; *Student Behavior

ABSTRACT

This report contains data from the 1991 Youth Risk Behavior Survey, administered to 1,440 high school students throughout Wisconsin. Included are data on the prevalence of injuries; drug use; sexual behaviors; dietary behaviors; and physical activity. The results revealed that over 80% of students rarely or never wear bicycle helmets and 50% inconsistently wear seatbelts; over 20% of students drank five or more drinks of alcohol within a couple of hours, on two or more days in the past month; 20% of students smoked cigarettes on at least 10 of the last 30 days; over 20% of students and 37% of male students carried a weapon during the past month; 30% of students considered attempting suicide during the past year; nearly 50% of all students were involved in a physical fight during the past year; nearly 50% of all seniors had had sexual intercourse at or before age 16 and 45% of sexually active students did not use a condom during their last sexual intercourse; one in six sexually active students used no birth control method during their last sexual intercourse; and 48% of female students and 25% of male students considered themselves overweight. Results of a human immonudeficiency virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) prevention education survey also are reported which showed that 70% of Wisconsin public schools provided HIV prevention education and health education in grades seven and eight. Contains 33 references. (NB)

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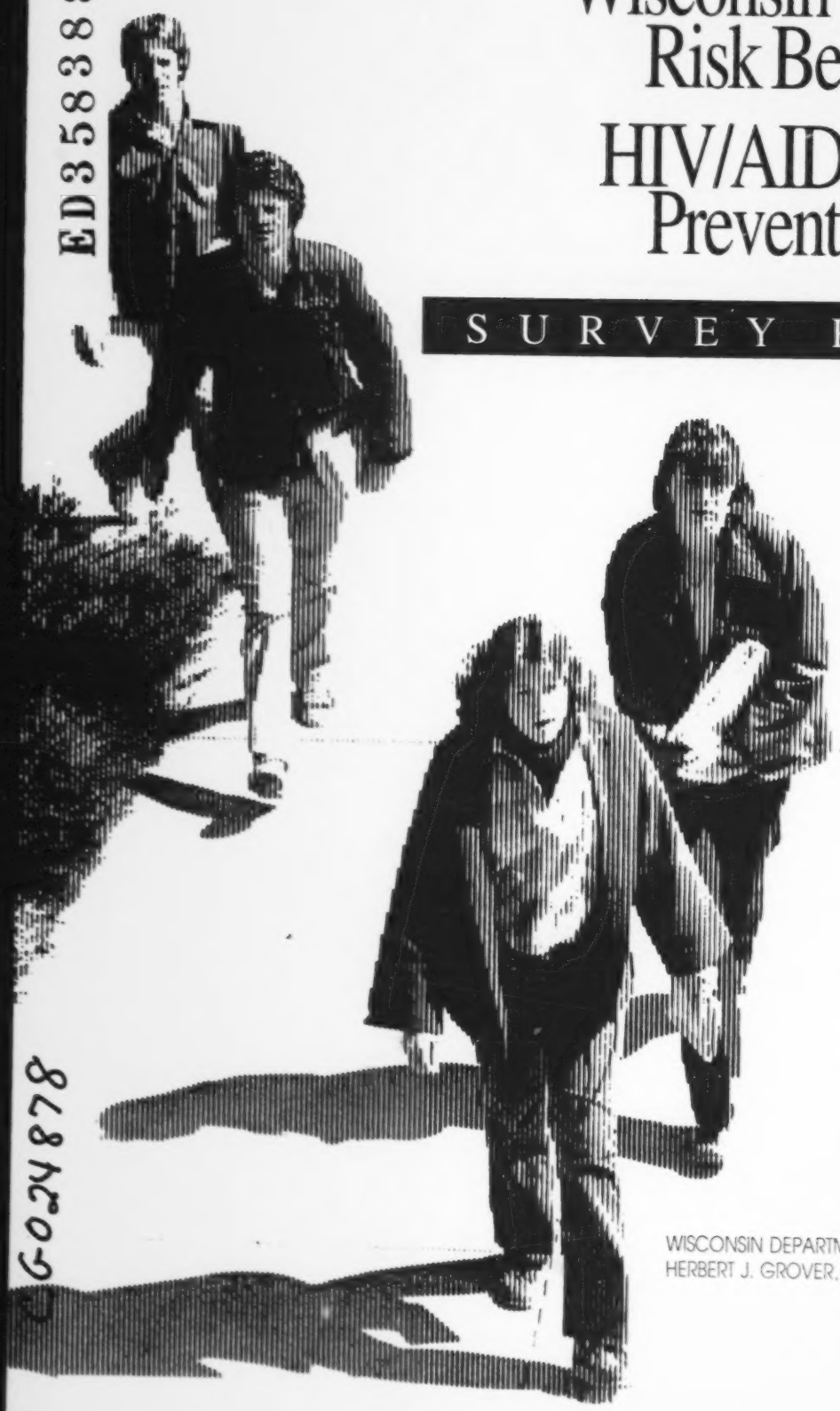
Wisconsin Youth Risk Behavior HIV/AIDS Prevention Education

SURVEY RESULTS



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Wisconsin Youth Risk Behavior and HIV/AIDS Prevention Education Survey Results 1991

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Bulletin No. 93253

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Acknowledgments

Sincere appreciation is expressed to school district superintendents, school principals, and the students and teachers who participated in the 1991 Wisconsin Youth Risk Behavior Survey. Special thanks and acknowledgment are reserved for Richard Chiotti, Montana Department of Public Instruction, whose 1991 YRBS Report provided the model and references for this document, and Beth Collins and Elizabeth Majestic, U.S. Centers for Disease Control, for offering technical assistance and editorial comments. The University of Wisconsin Survey Research Lab was instrumental in tabulating survey responses. Finally, we would like to express our appreciation to Laura Kann, Chief of the Surveillance Research Section, and the staff at the Division of Adolescent and School Health, U.S. Centers for Disease Control, for developing the survey instrument and providing the background text and materials used in preparing this report.

Introduction

The 1991 Youth Risk Behavior Survey (YRBS) was administered in April of 1991. The responses of 1,440 students enrolled in 9th through 12th grades throughout Wisconsin were summarized to compile this report. The survey was sponsored by the Department of Public Instruction (DPI) through a cooperative agreement (U63/CCU503057-03) with the U.S. Centers for Disease Control (CDC) and in conjunction with the University of Wisconsin Survey Research Laboratory.

This report is intended to focus educational efforts on those health risk behaviors established during youth that result in the most significant mortality, morbidity, disability, and social problems during both youth and adulthood.

This survey provides information about the prevalence of:

1) intentional and unintentional injuries
2) tobacco, alcohol and other drug use
3) sexual behaviors
4) dietary behaviors
5) physical activity

Due to the survey participation rate, generalization of these results to students in Wisconsin other than the survey respondents should be made with caution. In addition, it is important to remember that many students, both male and female and from all racial, ethnic, and social backgrounds, do practice positive health behaviors. Because these results include the responses of youth who attend the Wisconsin public schools, which were surveyed, out-of-school youth are not represented.

Executive Summary

The results of the 1991 Wisconsin Youth Risk Behavior Survey (YRBS) indicate that youth in Wisconsin engage in behaviors that put them at risk for significant mortality, morbidity, disability and social problems extending from youth to adulthood. Effective health education programs are needed to reduce participation in health threatening behaviors and to provide youth with the opportunity to replace them with health promoting behaviors. The Wisconsin Department of Public Instruction, through a cooperative agreement with the U.S. Centers for Disease Control, focuses programmatic activities on building the capacity of teachers and youth service providers to provide effective comprehensive health education, including HIV prevention, to all youth of Wisconsin wherever they may be located.

Based on the results of the Wisconsin 1991 YRBS, behaviors that require priority attention include:

- **Bicycle, and automobile safety:** Over 80% of students rarely or never wear bicycle helmets, and 50% inconsistently wear seatbelts.

- **Alcohol Use**: Over 20% of all students reported consuming five or more drinks of alcohol within a couple of hours, on two or more days in the past month.

- **Tobacco Use:** 20% of all students smoked cigarettes on at least 10 of the last 30 days.

- **Weapon Possession:** Over 20% of all students and 37% of all males reported carrying a weapon during the past month.

- **Suicide:** 30% of all students considered attempting suicide during the past twelve months.

- **Physical Fighting:** Nearly 50% of all students reported being involved in a physical fight during the past year.

- **Sexual Intercourse:** Nearly 50% of all 12th grade students reported having sexual intercourse at or before age 16; 45% of the **sexually active students** reported not using a condom during last sexual intercourse.

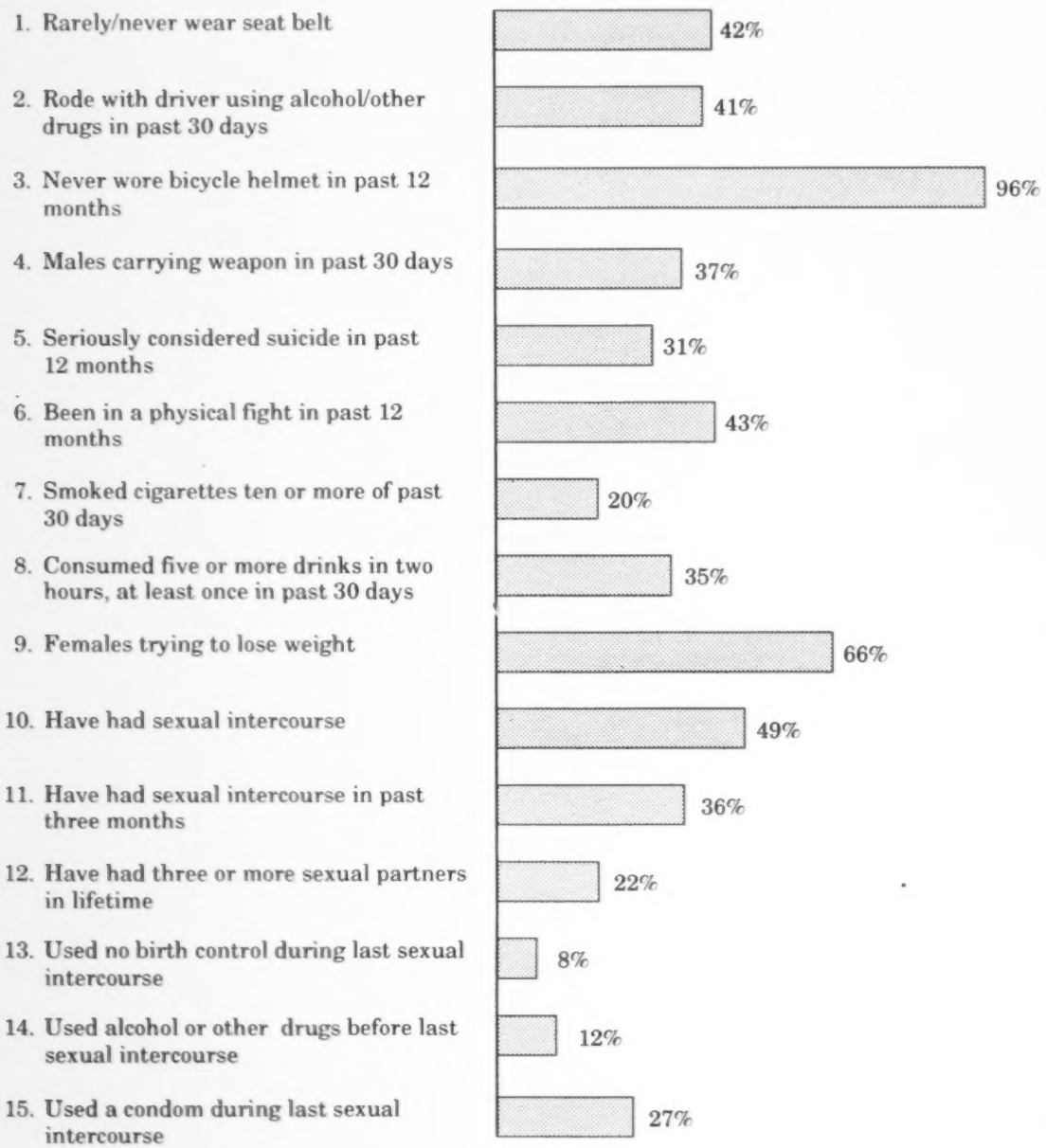
- **Unintended Pregnancy:** Of the **sexually active students**, one in six used NO birth control method, during last sexual intercourse.

- **Weight:** The societal pressure for young women to be thin is dramatically portrayed in that nearly one-half of all females (48%) felt they were overweight, compared to one-quarter of all males (25%).

Summary of Data

1991 Wisconsin Youth Risk Behavior Survey

The 1991 Wisconsin Youth Risk Behavior Survey (YRBS) clearly shows that Wisconsin youth do exhibit health risk behaviors. A summary of the areas of risk are diagrammed below.


1. Rarely/never wear seat belt
42%
2. Rode with driver using alcohol/other drugs in past 30 days
41%
3. Never wore bicycle helmet in past 12 months
96%
4. Males carrying weapon in past 30 days
37%
5. Seriously considered suicide in past 12 months
31%
6. Been in a physical fight in past 12 months
43%
7. Smoked cigarettes ten or more of past 30 days
20%
8. Consumed five or more drinks in two hours, at least once in past 30 days
35%
9. Females trying to lose weight
66%
10. Have had sexual intercourse
49%
11. Have had sexual intercourse in past three months
36%
12. Have had three or more sexual partners in lifetime
22%
13. Used no birth control during last sexual intercourse
8%
14. Used alcohol or other drugs before last sexual intercourse
12%
15. Used a condom during last sexual intercourse
27%

Sample Description:

School Level — The 488 public schools in Wisconsin containing grades 9, 10, 11, or 12 were included in the sampling frame. Schools were stratified implicitly by enrollment size, then selected systematically with probability proportional to enrollment size.

Class Level — All 2nd period classes were included in the sampling frame. Systematic random sampling was used to select an average of 2 classes per school.

Response Rates:

Schools — 59%. Data were received from 46 of the 78 sample schools.

Students — 90%. Usable questionnaires were received from 1,440 of the 1,609 sampled students.

Overall response rate — 59% * 90% = 53%.

Weighting:

The low overall response rate precludes weighting of the data.

Use of the Unweighted Results:

The unweighted results may reflect nonresponse bias. Though the unweighted data should not be generalized to other students in Wisconsin, the results provide an important description of the priority health-risk behaviors of the survey participants.

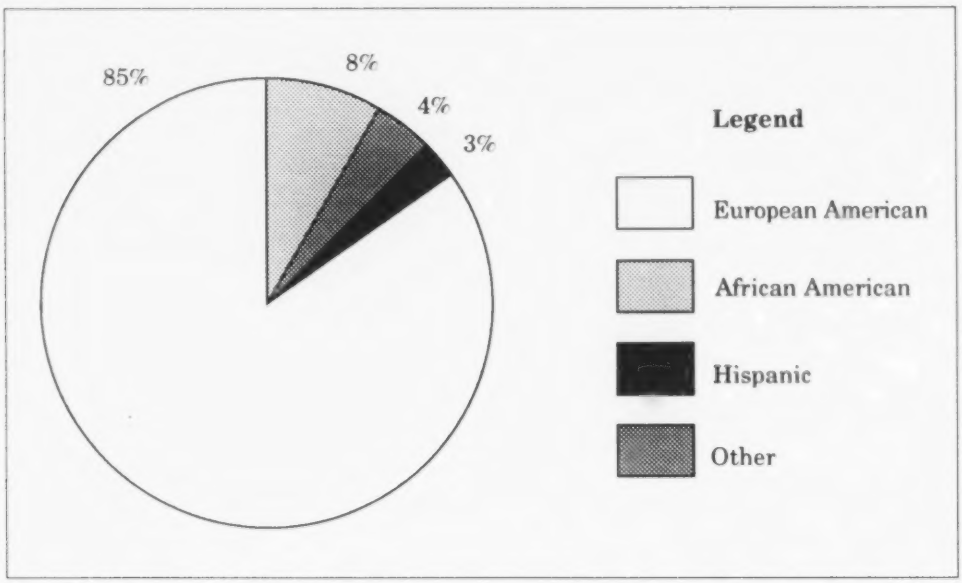
Rounded Figures:

Totals may not equal 100% due to rounding.

Youth Risk Behavior Survey Results

Of the 1,440 students participating in the state-level YRBS, 719 were (50%) male and 721 (50%) were female. By grade, 26% were enrolled in the 9th grade, 33% in the 10th grade, 23% in the 11th grade, and 18% in the 12th grade. Of the students responding to the survey, 8% described themselves as African Americans, 3% as Hispanic Americans, and 85% as European American. The remaining 4% of the respondents, were categorized as "Other;" these include Asian or Pacific Islanders and Native Americans or Alaskan Natives.

Survey Sample



The data in each section of this report are limited to comparisons between gender and grade levels. The small numbers of respondents in the racial/ethnic groups other than European Americans preclude comparisons between racial/ethnic groups. Generalization to other Wisconsin youth besides the survey respondents is not recommended.

To facilitate an understanding of the need for effective school-based health education programs in Wisconsin, this section includes for each priority health risk behavior:

- Adolescent Health Objectives for the Year 2000 from the U.S. Department of Health and Human Services, Public Health Service (PHS)
- Summary statements from the U.S. Centers for Disease Control (CDC) about the consequences of engaging in the various health risk behaviors
- 1991 Wisconsin YRBS results depicted in graph and bullet statement form.

Intentional and Unintentional Injuries

Seat Belt Use

Year 2000 Objective:

Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of motor vehicle occupants.

CDC Rationale:

Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55% (National Committee for Injury Prevention and Control, 1989). Increasing the use of automobile safety restraint systems to 85% could save an estimated 10,000 American lives per year (U.S. Department of Health and Human Services, 1990a).

Wisconsin Data:

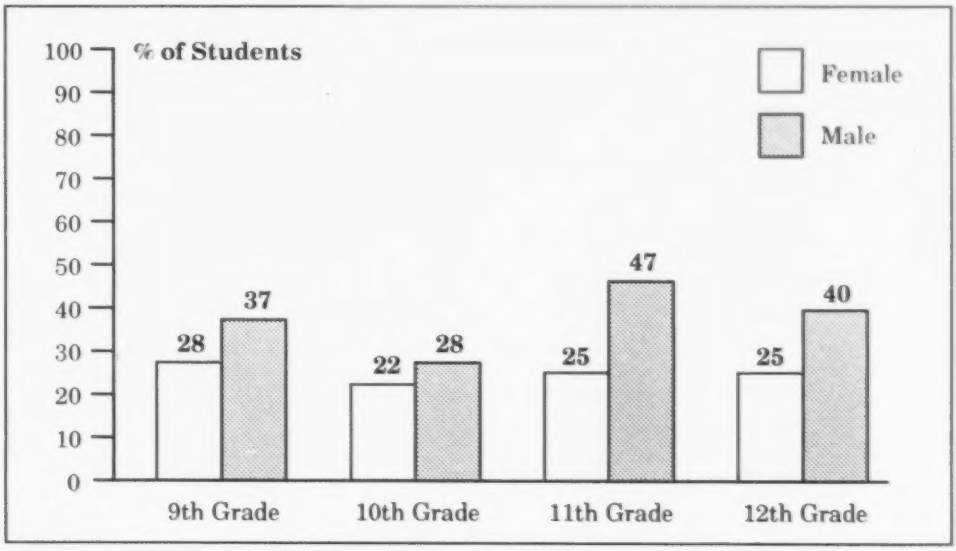


Figure 1. Percentages of All Students Who Reported Never or Rarely Wearing Seatbelts When Riding in Car Driven By Someone Else

- **21% of all students reported "Always" wearing a seatbelt.**

Motorcycle and Bicycle Safety

Year 2000 Objective:

Increase the use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.

CDC Rationale:

Head injury is the leading cause of death in motorcycle and bicycle crashes (National Committee for Injury Prevention and Control, 1989). Unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders (National Highway Traffic Safety Administration, 1980). In addition, the risk of head injury for unhelmeted bicyclists is more than 6 1/2 times greater than for helmeted riders (Thompson, Rivara, & Thompson, 1989).

Wisconsin Data:

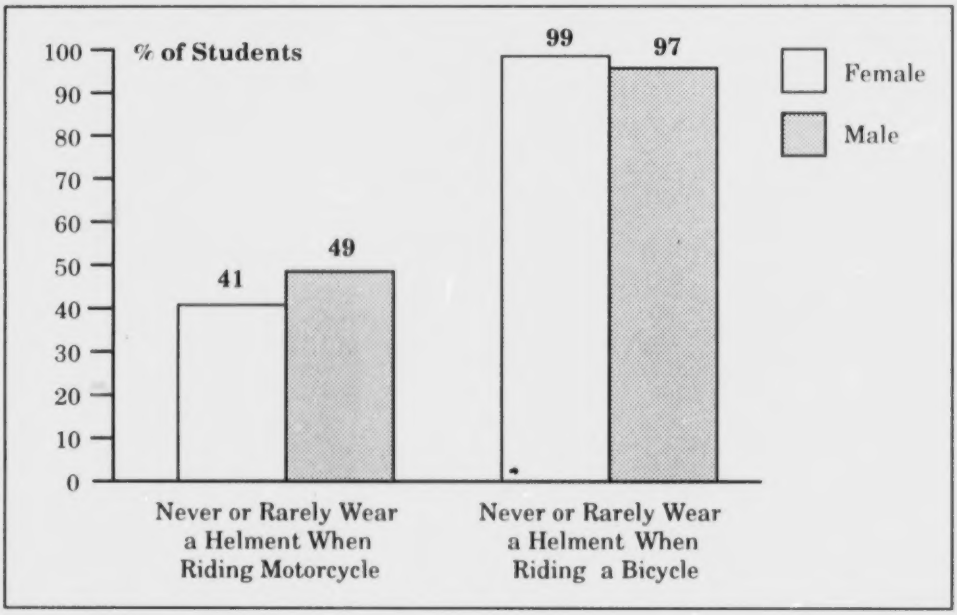


Figure 2. Percentages of All Students Who Reported Never or Rarely Wearing a Helmet While Riding a Motorcycle or Bicycle

- **Of the male students (43%) who rode a motorcycle in the past 12 months, 35% "Never" wore a helmet. Of the female students (31%) who rode a motorcycle in the past 12 months, 31% "Never" wore a helmet.**

- **Of the male students (87%) who rode a bicycle in the past 12 months, 94% "Never" wore a helmet. Of the female students (83%) who rode a bicycle in the past 12 months, 98% "Never" wore a helmet.**

Motor Vehicle Safety

Year 2000 Objectives:

Reduce deaths among youth aged 15-24 caused by motor vehicle crashes to no more than 33 per 100,000 people. Reduce deaths among people aged 15-24 caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000.

CDC Rationale:

Motor vehicle crash injuries, more than half of which involve alcohol (U.S. Department of Health and Human Services, 1990b), are the leading cause of death among youth aged 15-24 in the United States (National Highway Traffic Safety Administration, 1988). Alcohol-related traffic crashes cause serious injury and permanent disability and rank as the leading cause of spinal cord injury among adolescents and young adults (National Highway Traffic Safety Administration, 1987).

Wisconsin Data:

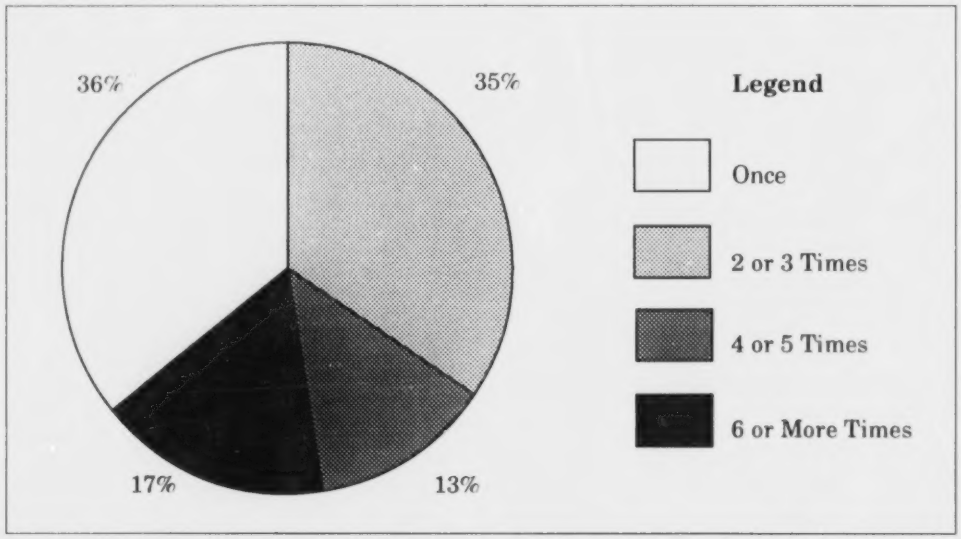


Figure 3. Percentages of Those Students (41%) Who Reported Riding in a Vehicle in the Past 30 Days That Was Driven By Someone Who Had Been Drinking, By Number of Times

• 41% of all students reported that at least once in the past 30 days they had been in a car driven by someone who had been drinking. Nearly one-third of these students had done so four or more times in the past 30 days.

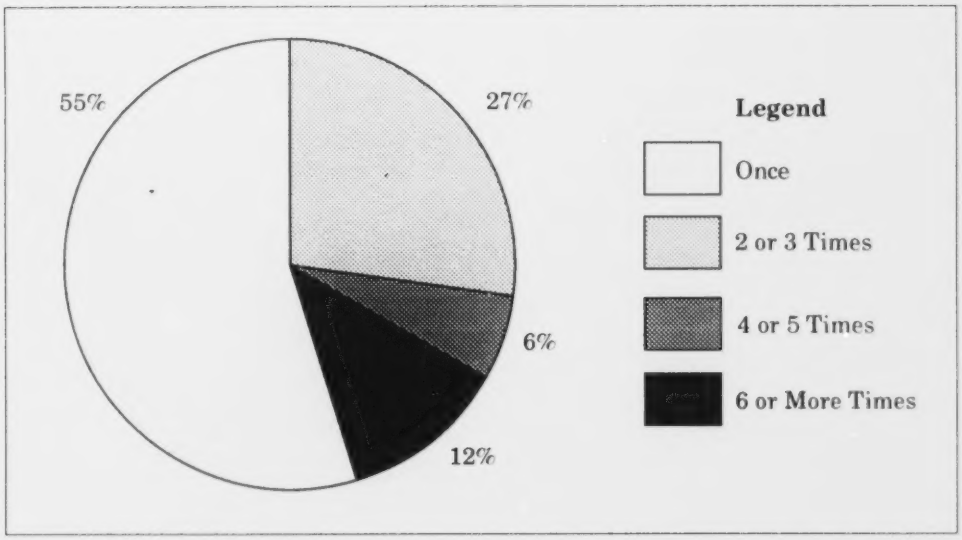


Figure 4. Percentages of Those Students (16%) Who Reported Driving a Vehicle After Drinking in the Past 30 Days, By Number of Times

- **75% of 12th grade females and 64% of 12th grade males did NOT drive while drinking in the past 30 days.**

Carrying of Weapons

Year 2000 Objective:

Reduce by 20% the incidence of weapon carrying by adolescents aged 14-17.

CDC Rationale:

Approximately nine out of ten homicide victims in the United States are killed with a weapon such as a gun, knife, or club. Homicide is the second leading cause of death among all adolescents and young adults (National Center for Health Statistics, 1990a) and the leading killer of Black adolescents and young adults (U.S. Department of Health and Human Services, 1990b).

Wisconsin Data:

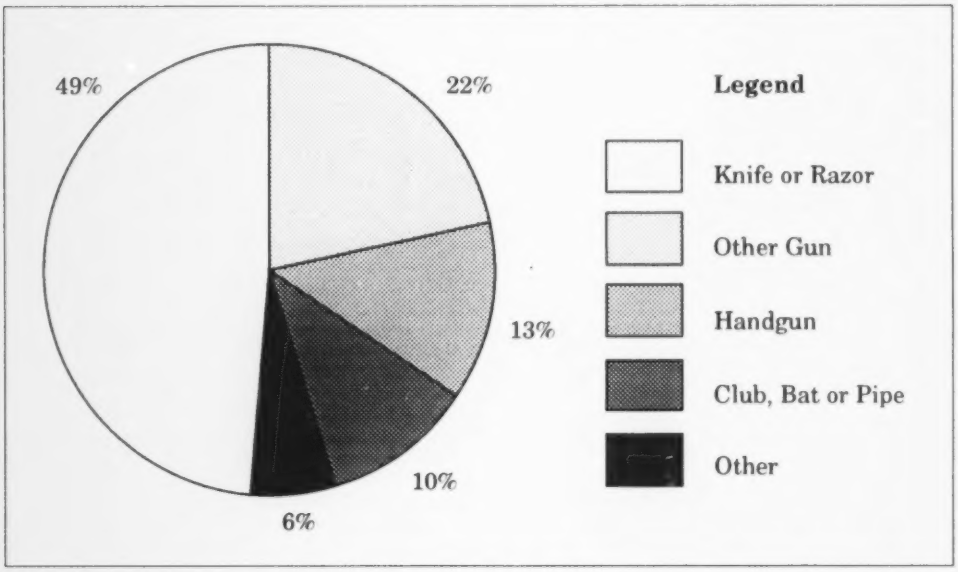


Figure 5. Percentages of All Males (37%) Who Carried Weapons in the Past 30 Days, By Type of Weapon

- **Only 7% of all females reported carrying a weapon in the past 30 days.**
- **20% of all males and 4% of all females reported carrying a weapon more than four days during the past 30 days.**
- **Among students who reported carrying weapons in the past 30 days, [males (37%); females (7%)], 13% of the males and 6% of the females carried a handgun most often.**

Physical Fighting

Year 2000 Objective:

Reduce by 20% the incidence of physical fighting among adolescents ages 14-17.

CDC Rationale:

Fighting is the most important antecedent behavior for a great proportion of homicides among adolescents (U.S. Department of Health and Human Services, 1990a). The immediate accessibility of a firearm or other lethal weapon often is the factor that turns a violent altercation into a lethal event (Rivara, 1985). Unintentional firearm-related fatalities are a critical problem among children and young adults in the United States (Wood & Mercy, 1988).

Wisconsin Data:

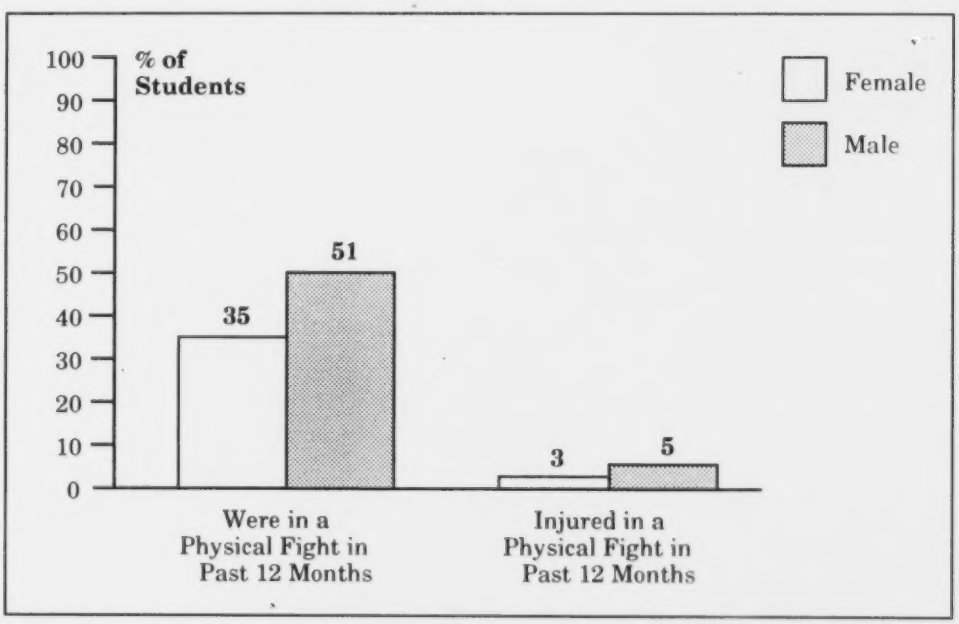


Figure 6. Percentages of All Students Involved and/or Injured in a Physical Fight in the Past 12 Months

- **Of the males (70%) who had ever been in a physical fight, 39% reported fighting the last time with a friend or someone they knew.**

- **Of the females (48%) who had ever been in a physical fight, 42% reported fighting the last time with a family member.**

Suicide

Year 2000 Objective:

Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14-19.

CDC Rationale:

Suicide is the third leading cause of death among youth aged 15-24 and the second leading cause of death among white males aged 15-24 (National Center for Health Statistics, 1990b). The suicide rate for persons aged 15-24 has tripled since 1950 (U.S. Department of Health and Human Services, 1990b).

Wisconsin Data:

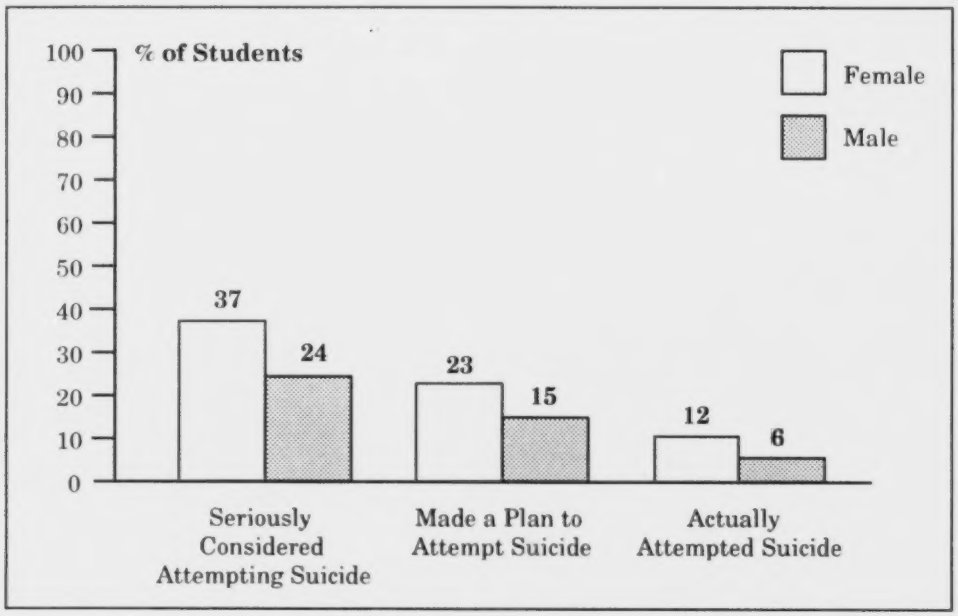


Figure 7. Percentages of All Students Who Reported Seriously Considering Suicide, Making a Plan for Suicide and/or Actually Attempting Suicide in the Past 12 Months, by Gender.

- **Of those who attempted suicide (9%) in the past 12 months, one-fourth reported that the attempt resulted in injury, poisoning, or overdose that had to be treated medically.**

- **16% of the 9th grade females reported attempting suicide in the past year compared to 6% of the 12th grade females.**

Tobacco, Alcohol, and Other Drug Use

Tobacco Use

Year 2000 Objectives:

Increase by at least one year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12-17. Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.

CDC Rationale:

Tobacco use is the single most important preventable cause of death in the United States, accounting for one of every six deaths. Smoking is a major risk factor for heart disease; chronic bronchitis; emphysema; and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder. If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least five million of them will die of smoking-related diseases (Office on Smoking and Health, 1989).

Wisconsin Data:

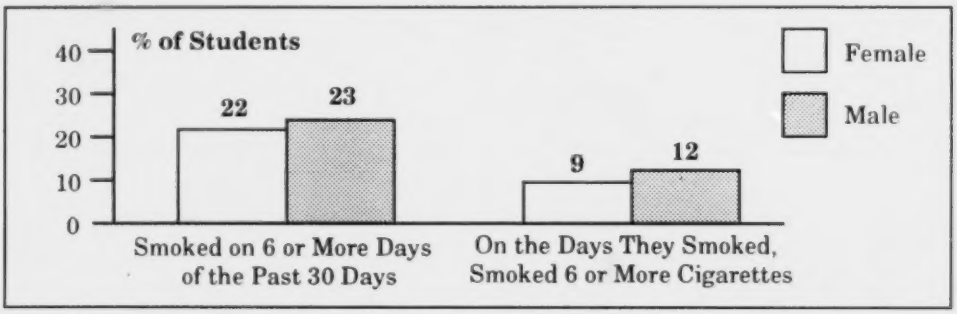


Figure 8. Percentages of All Students Who Reported Smoking in the Past 30 Days, by Gender.

- **12% of all students reported smoking cigarettes on all 30 of the past 30 days.**
- **The highest percentage of regular smokers (one cigarette per day for the past 30 days) started smoking at age 13 or 14 (35%).**
- **69% of females smokers and 59% of male smokers reported trying to quit in the past 6 months.**

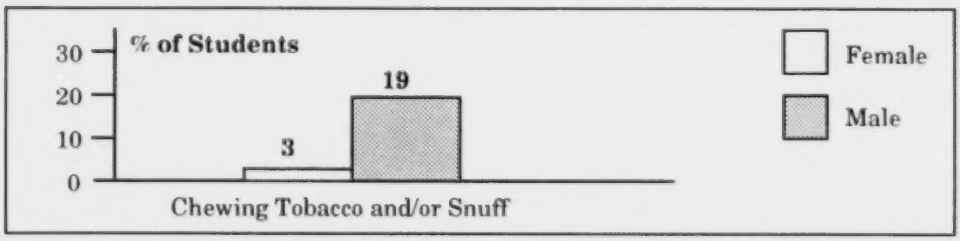


Figure 9. Percentages of All Students Who Used Chewing Tobacco and/or Snuff in the Past 30 Days, By Gender.

Alcohol Use

Year 2000 Objectives:

Reduce the proportion of young people who have used alcohol in the past month to 12.6% of youth aged 12-17 and 29% among youth aged 18-20. Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28% of high school seniors and 32% of college students.

CDC Rationale:

Alcohol is a major factor in approximately half of all homicides, suicides, and motor vehicle crashes (Perrine, Peck, & Fell, 1988), which are the leading causes of death and disability among young people (U.S. Department of Health and Human Services, 1990b). Approximately 100,000 American deaths per year are attributable to misuse of alcohol (U.S. Department of Health and Human Services, 1990b).

Wisconsin Data:

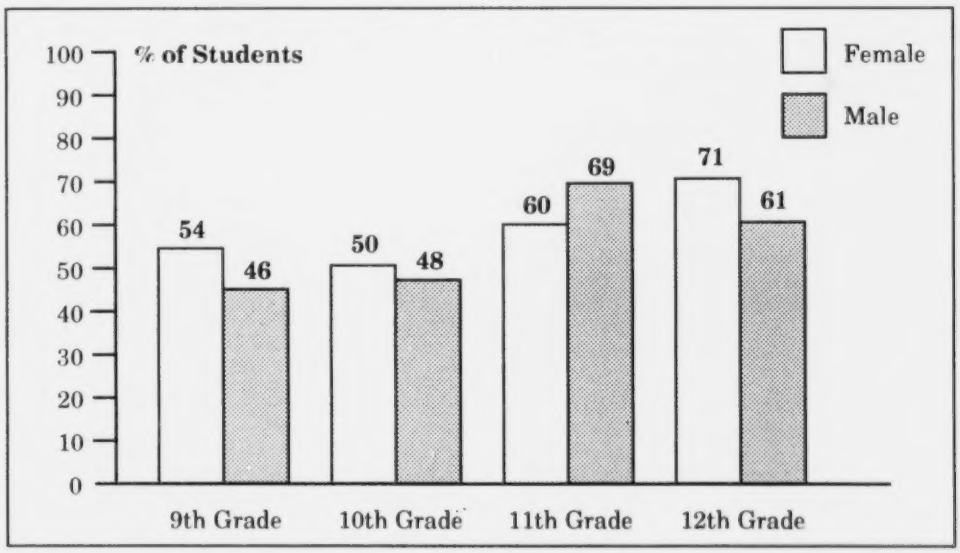


Figure 10. Percentages of All Students Who Drank Alcohol on At Least 1 Day During the Past 30 Days.

- **25% of all males and 22% of all females reported consuming 5 or more drinks of alcohol within a couple of hours, on 2 or more days in the past 30 days.**

- **25% of all 12th grade males and 18% of all 12th grade females estimated they had at least 1 drink of alcohol on at least 100 days in their lifetime.**

Other Drug Use

Year 2000 Objectives:

Reduce the proportion of young people who have used marijuana in the past month as follows: 3.2% of youth aged 12-17 and 7.8% of youth aged 18-20 (marijuana use); 0.6% of youth aged 12-17 and 2.3% of youth aged 18-20 (cocaine use).

CDC Rationale:

One in four American adolescents is estimated to be at high risk for the consequences of alcohol and other drug problems (Dryfoos, 1987). Drug abuse is related to morbidity and mortality due to injury, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases, including HIV infection (U.S. Department of Health and Human Services, 1990a).

Wisconsin Data:

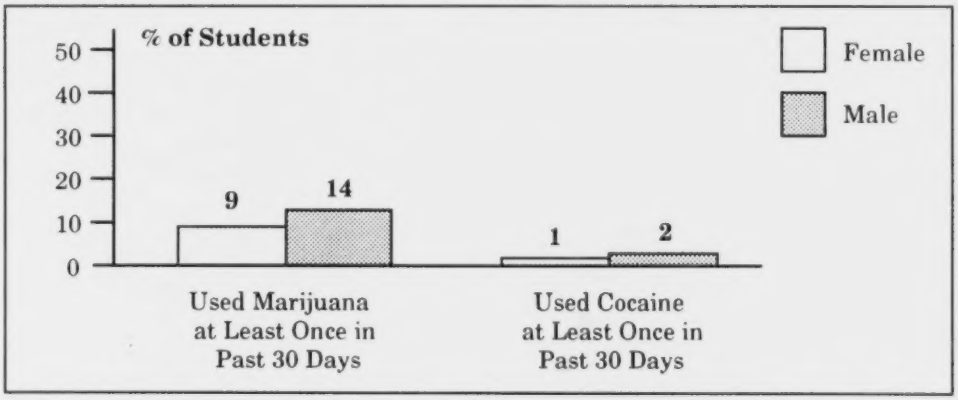


Figure 11. Percentages of All Students, Who Reported Using Marijuana or Cocaine at Least Once in the Past 30 Days, By Gender.

- **3% of all students reported having used crack or freebase forms of cocaine at least once in their lifetime.**
- **14% of all males and 12% of all females indicated they had used other drugs, such as pills without a doctor's prescription, LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin, at least once in their lifetime.**
- **6% of all males and 2% of all females reported having taken steroid shots or pills without a doctor's prescription.**
- **3% of all students indicated they had injected an illegal drug at least once in their lifetime.**

Sexual Behaviors That Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancy

As of April 1, 1992, 1,162 cases of AIDS and 709 deaths attributed to AIDS were reported in Wisconsin. This represents a 30% increase in reported cases of AIDS since October, 1990 (Wisconsin Department of Health and Social Services, 1991).

Twenty-three percent (243 cases) of all AIDS cases diagnosed in Wisconsin have occurred in the 20-29 year age group. Given the average ten year period between infection and onset of symptoms, the majority of these people were probably infected with HIV during their teenage years (U.S. Centers for Disease Control, 1991).

HIV/AIDS Risk and Prevention Education

Year 2000 Objective:

Confine the prevalence of HIV infection to no more than 800 per 100,000.

CDC Rationale:

Acquired immunodeficiency syndrome (AIDS) is the only major disease in the United States for which mortality is increasing (U.S. Department of Health and Human Services, 1990b). AIDS is the 7th leading cause of years of potential life lost before age 65 in the United States (Centers for Disease Control, 1989) and is the 7th leading cause of death for youth aged 15-24 (National Center for Health Statistics, 1989).

Wisconsin Data:

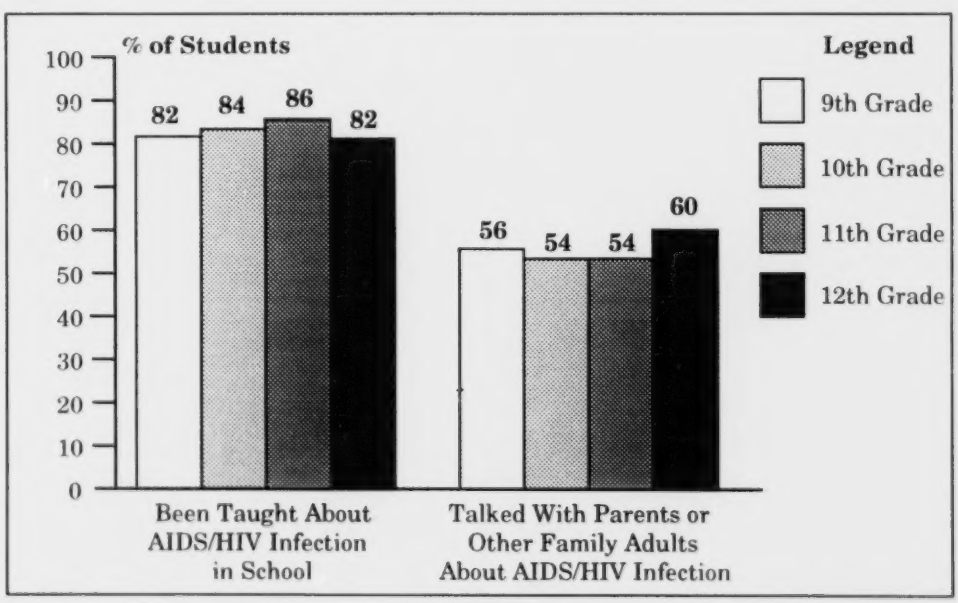


Figure 12. Percentages of All Students Who Reported Having Been Taught in School and/or Having Talked with Parents or Other Family Adults About AIDS/HIV Infection, by Grade.

Sexual Behaviors

Year 2000 Objectives:

Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17. Increase to at least 40% the proportion of ever sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous three months.

CDC Rationale:

Major risks of early sexual activity include unwanted pregnancy and sexually transmitted diseases (STDs), including HIV, as well as negative effects on social and psychological development. Number of sexual partners and age at first intercourse are associated with STDs. Alcohol and other drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse (Hofferth & Hayes, 1987).

Wisconsin Data:

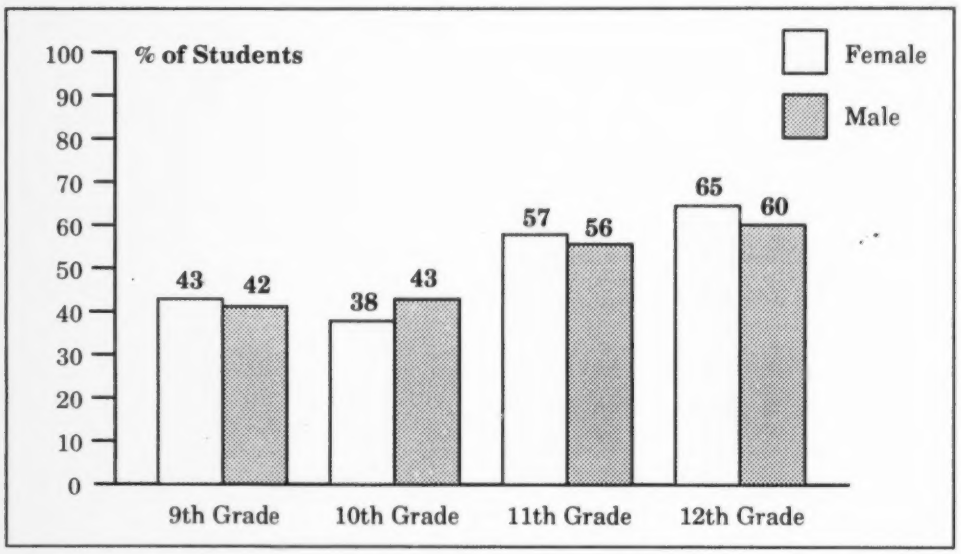


Figure 13. Percentages of All Students Who Reported Ever Having Sexual Intercourse in Their Lifetime, by Grade and Gender.

- **43% of all 9th grade students and 62% of all 12th grade students reported having had sexual intercourse.**
- **13% of ever sexually active students reported that they abstained from sexual intercourse for the previous three months.**
- **24% of all 12th grade males and 34% of all 12th grade females reported having had sexual intercourse with 3 or more people in their lifetime.**

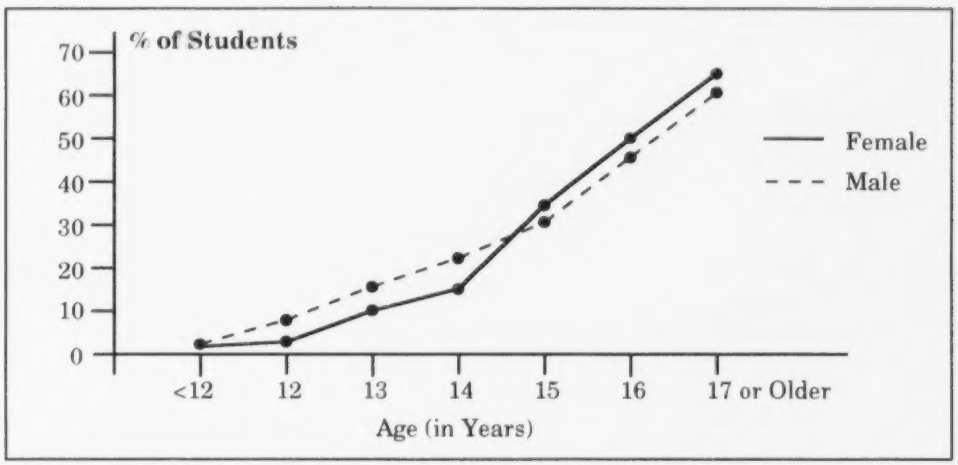


Figure 14. Age of First Sexual Intercourse Reported By 12th Grade Students, by Gender.

- **Of 12th grade students, 65% of the females and 60% of the males reported having had sexual intercourse.**
- **Nearly half of all 12th grade students reported having had sexual intercourse at or before age 16.**

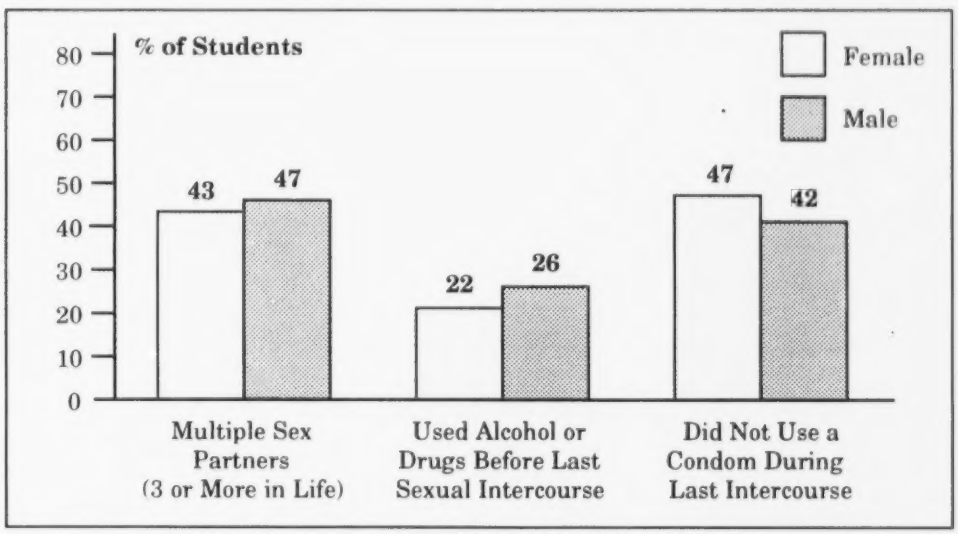


Figure 15. Percentages of Sexually Active Students (49%) Who Reported Having Engaged in High Risk Sexual Behaviors

- **Of students (49%) reporting having had sexual intercourse, 19% reported they had intercourse with more than one partner in the past three months.**
- **Of those students (49%) who have ever had sexual intercourse, 24% indicated they used alcohol or drugs before last sexual intercourse.**

Sexually Transmitted Diseases

Year 2000 Objectives:

Increase to at least 60% the proportion of sexually active, unmarried young women age 15-19 who used a condom at last sexual intercourse. Increase to at least 75% the proportion of sexually active, unmarried young men age 15-19 who used a condom at last sexual intercourse. Reduce gonorrhea among adolescents age 15-19 to no more than 750 cases per 100,000 people.

CDC Rationale:

Every year, 2.5 million U.S. teenagers are infected with an STD; this number represents approximately one out of every six sexually active teens and one-fifth of the national STD cases (Centers for Disease Control, 1989b). Of the 12 million new cases of STD per year, 86% are among people age 15-29 (Division of Sexually Transmitted Diseases, 1990). STD may result in infertility, adverse effects on pregnancy outcome and maternal and child health, and facilitation of HIV transmission (U.S. Department of Health and Human Services, 1990b).

Wisconsin Data:

- **5% of all students responded that they had ever been told by a doctor or nurse they had a sexually transmitted disease.**

Unintended Pregnancies

Year 2000 Objectives:

Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents. Increase to at least 90% the proportion of sexually active, unmarried people aged 19 and younger who use contraception, especially combined method contraception that effectively prevents pregnancy and provides barrier protection.

CDC Rationale:

More than one million teenage girls in the U.S. becomes pregnant each year, just over 400,000 teens have abortions, and nearly 470,000 give birth (Henshaw & Van Vort, 1989; Hofferth & Hayes, 1987). Teenagers account for one-third of all unintended pregnancies, with 75% of teen pregnancies occurring among adolescents who are not practicing contraception (Westoff, 1988). The U.S. leads all other Western developed countries in rates of adolescent pregnancy, abortion, and childbearing (Hofferth & Hayes, 1987).

Wisconsin Data

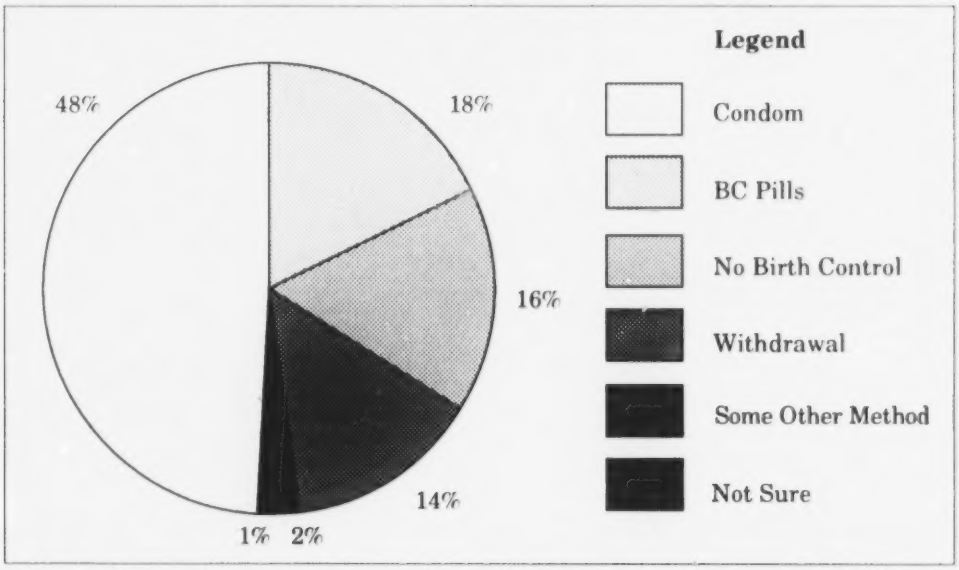


Figure 16. Methods of Birth Control Used by Sexually Active Students (49%) during Last Sexual Intercourse.

Dietary Patterns

Perceptions of Weight

Year 2000 Objectives:

Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents ages 12-19. Increase to at least 50% the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight.

CDC Rationale:

Obesity and extreme obesity appear to be increasing by as much as 39% and 64% respectively, among adolescents aged 12-17 (Gortmaker, Dietz, Sobol & Wehler, 1987). Obesity acquired during childhood or adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some cancer, and gall bladder disease (Public Health Service, 1988). In addition, children and adolescents often experience social and psychological stress related to obesity (Rotatori & Fox, 1989). Overemphasis on thinness can contribute to eating disorders (Public Health Service, 1988).

Wisconsin Data:

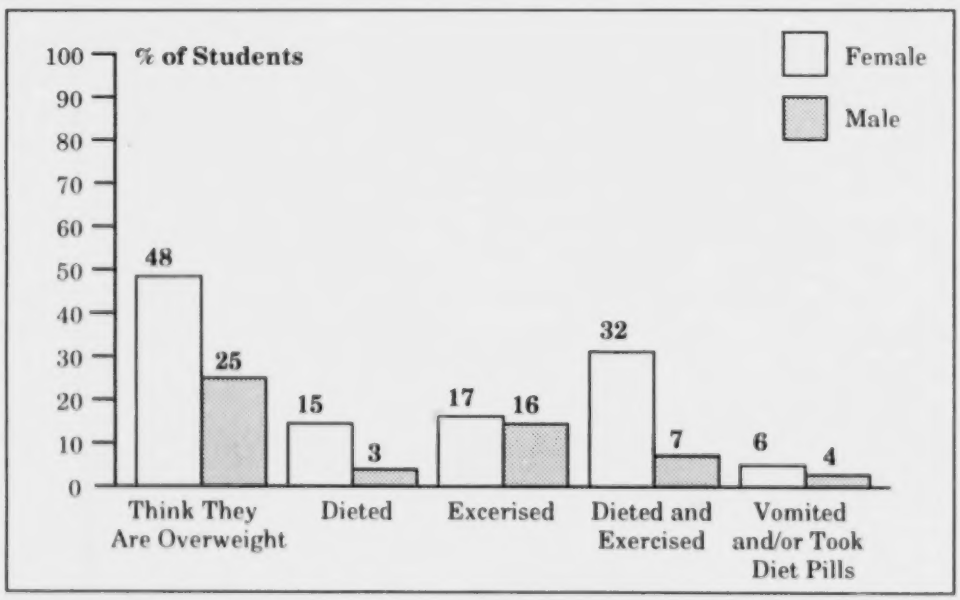


Figure 17. Percentages of All Students Who Reported Thinking They Are Overweight and The Methods of Weight Control They Used During the Past 7 Days.

- **66% of all females and 24% of all males are trying to lose weight.**
- **Over five times as many males (24%) as females (4%) indicated that they are trying to gain weight.**

Dietary Fat Intake

Year 2000 Objectives:

Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people age 2 and older. Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings for vegetables (including legumes) and fruits, and to six or more daily servings of grain products.

CDC Rationale:

Americans currently consume more than 36% of their total calories from fat. High fat diets, which are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions, often are consumed at the expense of food high in complex carbohydrates and dietary fiber, considered more conducive to health (Public Health Service, 1988). Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits (Select Panel for the Promotion of Child Health, 1981).

Wisconsin Data:

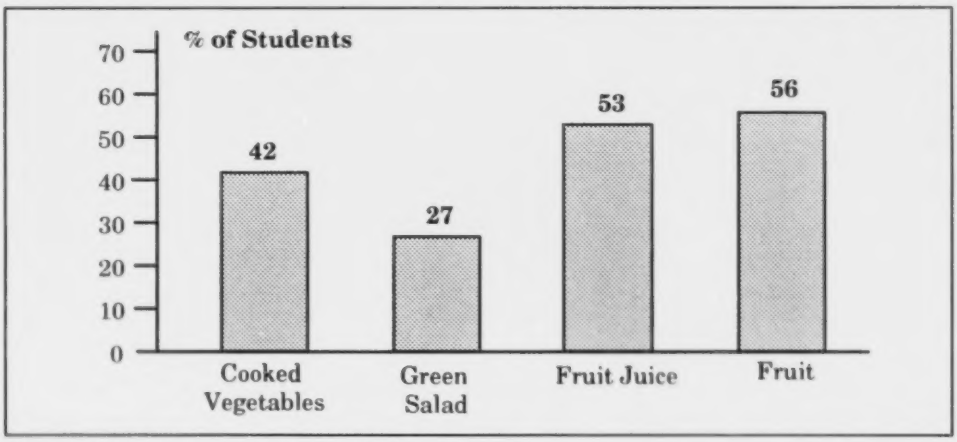


Figure 18. What Students Ate the Previous Day

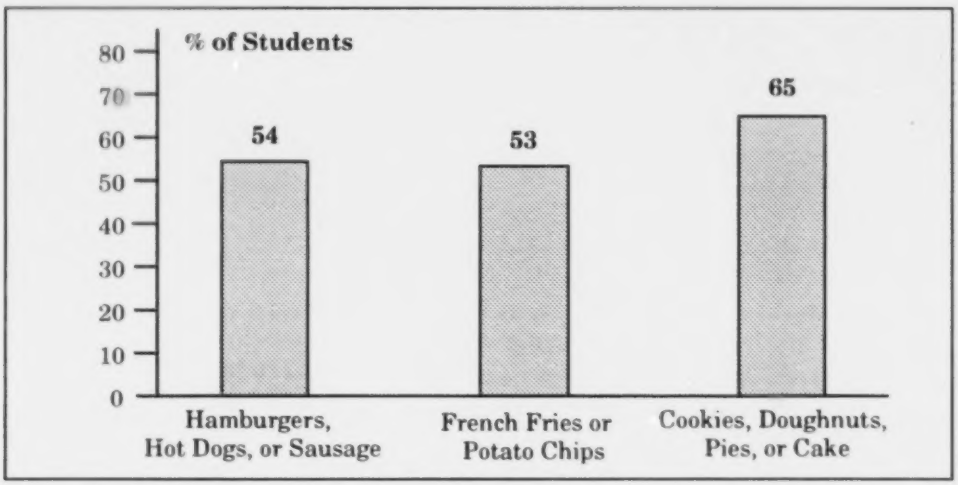


Figure 19. What Students Ate the Previous Day

Physical Activity

Year 2000 Objectives:

Increase to at least 30% the proportion of people aged six and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day. Increase to at least 20% the proportion of people aged 18 and older and to at least 75% the proportion of children and adolescents aged 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness three or more days per week for 20 or more minutes per occasion.

CDC Rationale:

Regular physical activity increases life expectancy (Paffenbarger, Hyde, Wing, & Hsieh, 1986). Additionally, regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems (Harris, Caspersen, DeFriese, & Estes, 1989). The quantity and quality of school physical education programs have a significant positive effect on the health-related fitness of children (U.S. Department of Health and Human Services, 1985, 1987).

Wisconsin Data:

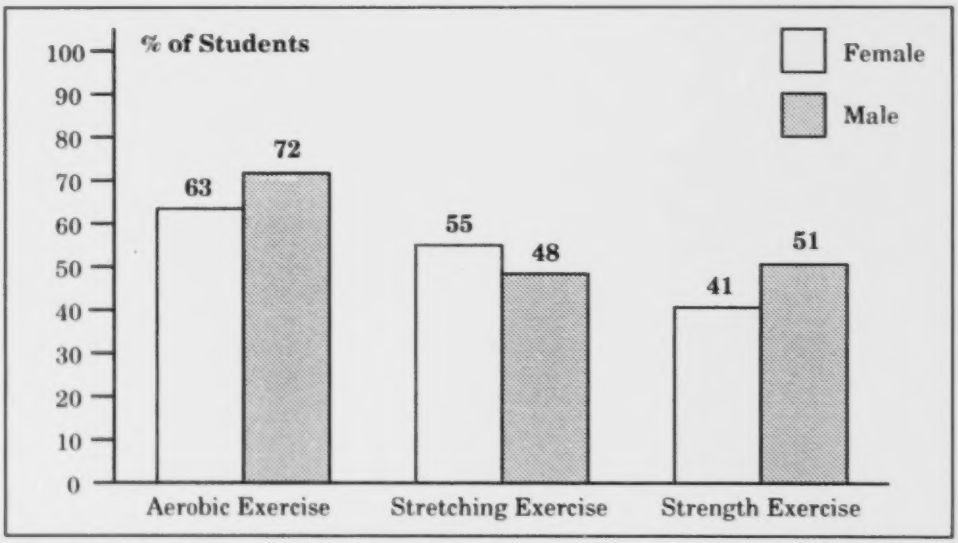


Figure 20. Percentages of All Students Who Participated in Exercise 3 or More Days During the Past 7 Days.

- **28% of males and 15% of females reported participating in activities that made them sweat or breathe hard all 7 of the last 7 days.**
- **42% of all students reported walking or bicycling at least 30 minutes on the day before the survey.**
- **81% of all 9th graders reported attending physical education classes at least 2 days per week, compared to 23% of all 12th graders.**
- **55% of all students indicated that during the past 12 months they participated on at least 1 extracurricular team conducted by the school. 40% of all students reported that during the same period they participated on at least 1 extracurricular team conducted by some organization other than the school.**

HIV/AIDS Prevention Education Survey

The Department of Public Instruction (DPI) HIV/AIDS Prevention Education Consultants mailed in the Spring of 1992 a copy of the HIV/AIDS prevention education survey instrument to all Wisconsin public schools which had grades seven through twelve. The response rate was 67%; 615 of 917 schools returned completed questionnaires to DPI.

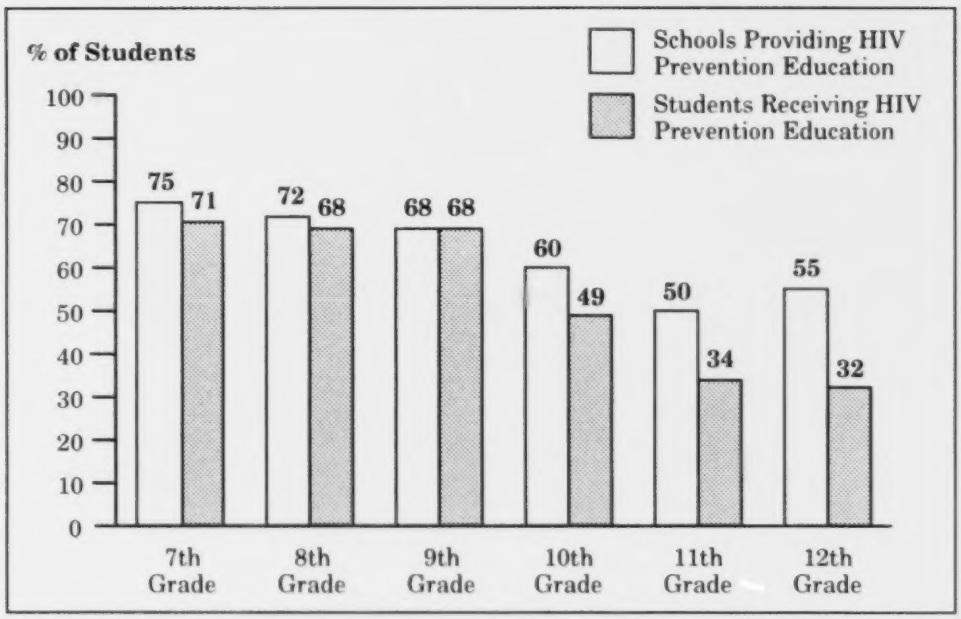
The purpose of this survey was to collect information regarding the number of Wisconsin public schools providing and/or seventh through twelfth grade students receiving:
1) HIV prevention education
2) comprehensive health education
3) HIV prevention education within the content of comprehensive health education.

Definitions were provided to qualify the meaning of HIV prevention education and comprehensive school health education. The respondents were instructed to report HIV prevention education was occurring only when all of the following components were present; instruction must have been:

- based on written curricula or guidelines
- taught by school personnel trained (preservice or inservice) in HIV education for adolescents
- delivered primarily in classroom settings (versus settings such as assembly programs and health fairs)
- focused on conveying the skills necessary to avoid the behaviors which potentially result in the transmission and/or exposure to HIV.

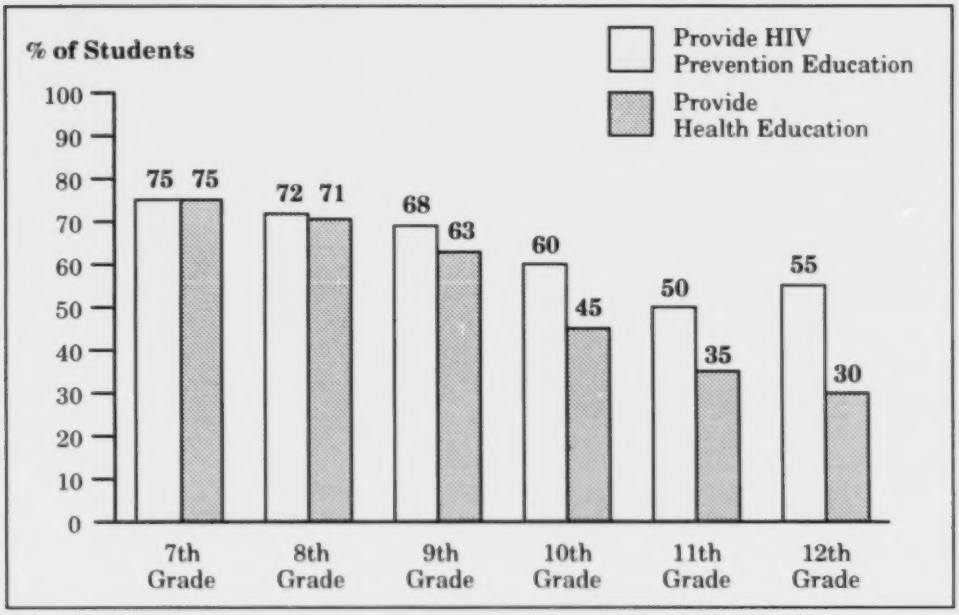
Comprehensive school health education must have been:

- based on written curricula or guidelines
- taught by school personnel trained (preservice or inservice) in health education for adolescents
- delivered primarily in classroom settings (versus settings such as assembly programs and health fairs)
- focused on skills necessary to avoid risks associated with at least four of the five following areas: 1) intentional/unintentional injuries, 2) tobacco, alcohol or other drug use, 3) high risk sexual behaviors, 4) unhealthy dietary behaviors, and 5) infrequent physical activity.



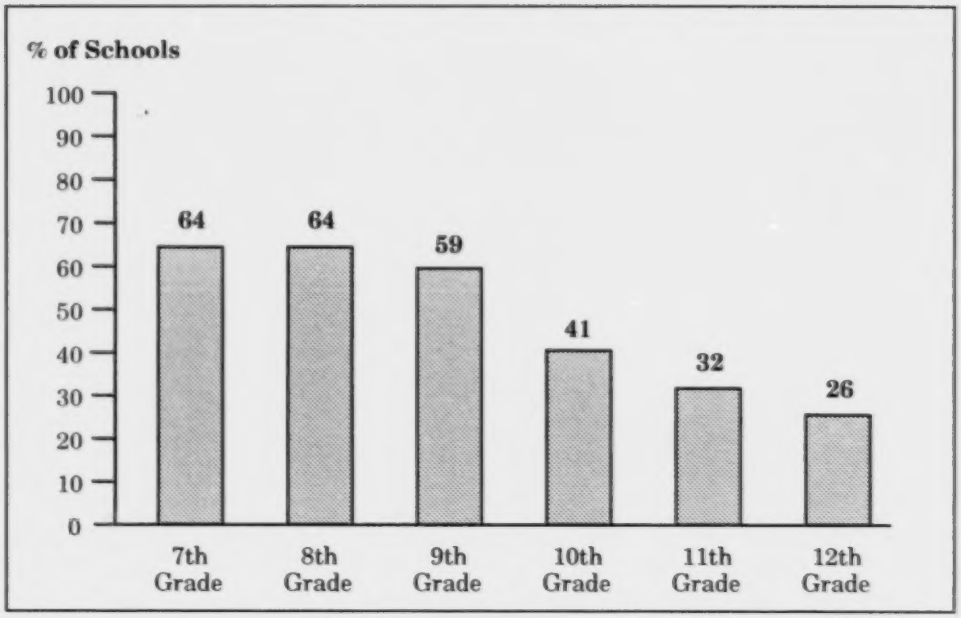
Percentages of Responding Schools Providing and Students Receiving HIV Prevention Education.

- **Nearly 75% of schools reported providing HIV prevention education in the seventh and eighth grades.**
- **About 50% of schools reported providing HIV prevention education in the eleventh and twelfth grades.**
- **Nearly 70% of seventh through ninth grade students received HIV prevention education.**
- **Only one-third of eleventh and twelfth grade students received HIV prevention education.**



Percentages of Responding Schools Providing HIV Prevention Education and School Health Education.

- **About 70% of schools provided both HIV prevention education and school health education in grades seven through nine.**
- **While 55% of schools provided HIV prevention education in grades ten through twelve, only 35% provide school health education in those grades.**



Percentages of Responding Schools Providing HIV Prevention Education Within School Health Education.

- **The majority of schools provided HIV prevention education within school health education in grades seven through nine.**
- **Only one quarter of the schools provided HIV prevention education within school health education in twelfth grade.**

Summary

The results of the HIV/AIDS prevention education survey indicate most Wisconsin public schools (70%) provide both HIV prevention education and health education in grades seven and eight. Most HIV prevention education takes place within the context of comprehensive health education in these grades.

The responding Wisconsin schools reported less comprehensive school health education is provided in senior high school. While HIV prevention education continues to be provided in about 55% of the schools for 10th through 12th graders, only a third of those students receive such instruction. In these upper grades, HIV prevention education is offered in elective classes reaching only portions of the student body.

The rationale for promoting HIV prevention education within the context of comprehensive health education is the behaviors which are being addressed are connected. It is a more effective and efficient use of time, efforts, and resources to make education and services more cohesive, comprehensive, and less fragmented than what is too often currently practiced.

When designing and/or implementing HIV prevention programs it has been demonstrated to be most effective if the following points are considered[1]:

- provide students with HIV education before they engaged in behaviors that put them at risk.
- reinforce messages about HIV infection and AIDS that could influence behaviors.
- provide opportunities for students to build the skills they need to make life-enhancing decisions for now and for the future.
- recognize the needs of adolescents, their ability to perceive risk, and their willingness to act on health promotion messages.
- remain sensitive to students' developmental stages and cultural backgrounds.
- consider the whole child and re-examine ways that school health programs contribute to the school's overall effort to promote effective learning and positive student outcomes.
- build students' negotiation and communication skills and self-confidence in order to make informed, healthful decisions.
- involve educators, parents, and school and community health professionals to meet students' total needs.
- function as part of an overall school effort to support the academic success, health, and well-being of all children.

[1]Council of Chief State School Officers. (1992) *Lessons From the Classroom*, Washington, DC: CCSSO,3.

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